

COLLECTION INVOICE

Date \_\_\_\_\_

Through this invoice, we request that the Second Level Bank accept from the customers (persons/natural persons/legal entities) collections for the account of our institution, with the designations, codes, identification number and amount included, as given below:

**Name of the beneficiary institution**  
Code of the beneficiary Institution  
Code of the Treasury Branch where it operates  
Name of Payer (person/natural person/legal entity)  
Payer Identification Number

"FAN S. NOLI" UNIVERSITY, KORCE

1011046

15-15

ID of the liability	Description of income		Amount to be collected	
	Designation	Economic Account Code	(Leke/Euro)	
		7113099		
	Fee for participation in the 5st INTERNATIONAL CONFERENCE “EDUCATION ACROSS BORDERS” “INNOVATIVE EDUCATION: STRENGTHENING THE FUTURE”			
x	TOTAL	X		

The representative of the INSTITUTION  
(Name surname)  
Mr. Petrika Petro

**CLIENT**  
(Person/Natural Person/Legal Person)  
\_\_\_\_\_  
(Name/Surname, Signature)  
Address:  
Contact: